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PTO/SB/21 (01-08)

Approved for use through 08/30/2008. OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/020.552 Filing Date TRANSMITTAL 10/30/2001 First Named Inventor **FORM** Cherisse M. Nicastro Art Unit 3694 Examiner Name Besit, Abdul (to be used for all correspondence after initial filing) Attorney Docket Number TRIRG-01000U\$0 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Yerminal Disclaimer Extension of Time Request Power of Attorney and Correspondence Request for Refund Express Abandonment Request Address Indication Form (SB81) CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name luan P Rodriguez Signature Printed name Date Reg. No. 06/12/2008 58.499 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this chrespondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mailin an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature 06/09/2008 Typed or printed name

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/020,552		
	Filing Date	10/30/2001		
	First Named Inventor	Cherisse M. Nicastro		
	Title	Business Asset Management System		
	Art Unit	3694		
	Examiner Name	Besit, Abdul		
	Attorney Docket Number	TRIRG-01000US0		

I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:					
Practitioners associated with the Customer Number:					
OR Practitioner(s) named below:					
Name		Regist	Registration Number		
Juan P Rodriguez		<u> </u>	58,499		
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Firm or Individual Na	ame TRIRIGA LLC.				
Address	6700 Via Austi Parkway	6700 Via Austi Parkway			
City	Las Vegas	State Nevada	Zip 89119		
Country	United States				
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	Mit S. Wedner		Date 06/12/2008		
ame Bart J. Verdirame,Esq			Telephone 1-702-932-4444		
Title and Company Vice President and General Counsel					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of 1 forms are submitted.					

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